

Hospital Comments on Quality and Cost

General Comments from Hospitals

Reporting Hospitals

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Berkshire Medical Center

Berkshire Medical continues to be committed to being a leader in Health Care Quality, this is evidence by the awards and recognition listed below. We continue to be at the fore front of accountability. We are among the first hospitals to participate in the Pay for Performance project with the Centers of Medicare and Medicaid with the goal to publicly report on our quality outcomes in the delivery of patient care.

Partnering with patients by supporting the concept of transparency is the only way to provide the public with right healthcare and the right information to make informed decisions. In addition we are committed to sharing our lessons learned in order to improve overall health care quality beyond the Berkshires. This commitment was recognized by Mass Pro by awarding us with the Collaborative Sharing Award, the award is presented to a hospital that assisted in the spread of performance improvement systems by providing and sharing their experiences at Mass Pro Quality Initiative Collaboratives.

Brigham and Women's Hospital

Brigham and Women's Hospital is committed to excellence in patient quality, safety and satisfaction. We are supportive of continued efforts to develop and provide meaningful hospital quality information to the public. Visitors to this site, however, are advised to consider the following comments before drawing conclusions on the relative quality and cost of care among hospitals and physicians.

- 1) While our hospital scores in a positive range across many of the quality indicators used on this site, the measures were originally developed to support internal hospital quality improvement efforts and not intended for comparison across hospitals. The results (i.e. mortality rates) are difficult to compare among hospitals because they have not been adjusted adequately enough for the acuity (sickness) of patients.
- 2) Cost comparisons among hospitals are difficult to compare. For example, academic medical centers like BWH may treat more complex patients, spend more in teaching and outreach to the community, resulting in higher average costs.

We encourage visitors to this site to evaluate other factors (physician recommendation, past experience, word-of mouth from friends and family), in addition to the growing sources of quality data, when selecting a hospital for care. To learn more about BWH and our service, we encourage you to visit our website at www.brighamandwomens.org.

Cambridge Health Alliance – Whidden Campus

- All Pneumonia related deaths were associated with multiple and complex diagnosis
- More than half of these patients were over the age of 80 years
- These patients and their families requested comfort care and do not resuscitate (DNR) status upon admission
- All patients received excellent quality care with respect to their wishes
- All judgments regarding the quality of hospital care should be made in partnership with your doctor, family and friends
- For more information regarding Cambridge Health Alliance, Please visit our website at www.challiance.org

Caritas St. Elizabeth's Medical Center

Few minor differences in volumes

Lahey Clinic

Lahey Clinic is an academic medical center, physician group practice, and tertiary care hospital serving eastern Massachusetts, southern Maine, New Hampshire, Vermont, and other states. Lahey Clinic is also a regional trauma center and recognized stroke center of excellence. For years we have provided efficient, safe, high quality care to men and women in need of the most advanced medical treatments and procedures for complex health problems. Lahey Clinic invests in advanced medical technologies to ensure that we remain a regional leader in complex specialty care. As an academic medical center, Lahey physicians typically treat a broad spectrum of patients, including those with very complex conditions. On average, the complexity of the patients treated at Lahey Clinic is among the highest in the state. Lahey Clinic should be compared to other Massachusetts teaching hospitals.

We applaud the state's effort to inform consumers and encourage improvements in quality through the public dissemination of information about quality and cost of care. At the same time, we urge caution in interpreting the information. Almost all of the measures of quality presented on this web site are based on information developed for other purposes – specifically, the data come from forms submitted to insurers for payment. While these information sources do contain some information about diagnoses, procedures, and treatment, they are not designed to contain all of the critical information about the care provided, course of recovery, complications, and outcomes experienced by the patient. This information is usually only found in the detailed medical record of care provided to each patient. Thus, the information on this web site should be interpreted with caution.

Massachusetts General Hospital

The physicians, nurses, and staff at Massachusetts General Hospital are very proud of the care that we provide. While we are pleased that the state has developed a website designed to help patients and their families learn more about the quality of care in Massachusetts, we feel that some of the information displayed on this site requires careful interpretation.

Our first caution is in the interpretation of mortality rates (death rates). Most of the mortality rates presented in this report are derived from administrative databases designed for billing purposes. The methodology was developed by the government as a tool to screen for potential quality problems, not to help patients make choices among hospitals.

Databases designed for measuring quality are available for some procedures. In collaboration with MA hospitals, the state has sponsored state-of-the-art reporting programs for Coronary Artery Bypass Graft (CABG) and Percutaneous Coronary Intervention (PCI), also referred to as Angioplasty. Mortality rates derived from these databases are more accurate and are statistically validated with the help of the Massachusetts Data Analysis Center (Mass DAC). The state has decided to use this data source but in addition to the statistics derived from administrative sources. The reason for this is that the MassDAC reports require more time to produce and validate. This may be confusing to the reader. We would recommend that you use view the data coming from the MassDAC program as the more accurate source. Here is the link for more information: (<http://www.massdac.org/>).

The other measure that bears mention is cost. The cost measures presented here are in many situations unrelated to the rates that the government or other payers actually reimburse institutions for their care. The state government pays hospitals in Massachusetts, on average only 80% of their real costs and their payment rates may be unrelated to the cost categories shown. In addition, the cost comparisons among hospitals in this report do not take into two important factors affecting the cost of care among hospitals. Both of these factors contribute to the cost of care at MGH.

- **Costs of Special Missions:** Certain hospitals incur additional costs related to their societal missions of training physicians and other health professionals, devoting relatively large percentages of their care to indigent patients, and providing other substantial benefits to their communities.
- **Severity and Complexity of Illness:** Cost differences among hospitals may also be the result of differences in the average severity and complexity of illness of patients they serve. Sicker patients require more intensive nursing care, diagnostic tests, and other resources.

MGH has a huge teaching mission and receives complicated patients in transfer on a daily basis. The added cost of teaching and taking care of severely ill patients is formally recognized by Medicare and other payers. Readers are advised to consider this before drawing conclusions regarding the relative cost of care among hospitals.

With those caveats, we are pleased that the state has joined a number of other states in developing this important resource for its citizens and visitors and we look forward to continuing to work with the state to make this a more valuable tool for you. We feel that patients have a right to accurate and meaningful information about the quality of care they receive. MGH is actively investing in measurement systems that will help us all achieve that goal.

Mount Auburn Hospital

At Mount Auburn Hospital, we are a team of dedicated professionals who pride ourselves on compassion and clinical excellence. We strongly support the principle of providing open and reliable information about quality to patients and families. Since the measures identified here are a single snapshot, we also welcome patients to visit our web page or call our quality department to view the many outstanding quality indicators and initiatives at our hospital.

The cost comparisons in this report do not take into account certain factors affecting the cost of care. For instance, some hospitals including Mount Auburn incur additional costs related to their mission of training physicians and other health care professionals. Other factors affecting costs include the severity and complexity of illness within certain populations. Mount Auburn Hospital tracks valid measures of efficiency and consistently scores highly on these comparative efficiency measures.

The Mount Auburn Hospital community has a tradition of having a long history with our patients and caring for them through all phases of their lives. Our relationship with patients and families extends to allowing patients to remain with their known caregivers when the end of life is near, rather than of transferring patients to other facilities when the end is near. We believe that this may inflate our mortality rates.

Newton-Wellesley Hospital

Newton Wellesley Hospital, as all Partners HealthCare member hospitals, is committed to excellence in patient quality, safety and satisfaction. We are supportive of continued efforts to develop and provide meaningful hospital quality information to the public. Visitors to this site, however, are advised to consider the following comments before drawing conclusions on the relative quality and cost of care among hospitals and physicians.

1. **AHRQ Metrics:** Although Newton Wellesley does well in quality analyses that utilize these measures, we continue to voice concerns about publicly reporting measures based on discharge abstract data. AHRQ has recommended that all their Hospital Quality Indicators be used for internal quality improvement. Their display on a consumer website can be misleading.
2. **Measures Included:** The Commonwealth should compile existing publicly reported metrics that have already gone through rigorous review, and have been widely accepted. Strongly recommended

measures, carrying little debate, include National Hospital Quality Measures (also known as core measures), and anticipated DPH metrics describing care for acute stroke patients. Also as JCAHO and CMS add measures (and they have plans to do so), those measures could be included in the state's website.

3. **Cost Concerns:** Cost Comparisons across our own and other hospitals do not take into account certain factors affecting the differences in cost of care. These factors include the cost of special missions (i.e. training, indigent care, etc) and severity and complexity of illness within a particular measure/indicator.
4. **Risk Adjustment:** A sound risk adjustment methodology is important for reliable reporting and thus comparisons across institutions. We are committed to accurate and transparent reporting of cost, quality and clinical outcomes.

Northeast Hospital Corp. – Beverly and Addison Gilbert Hospitals

Northeast Hospitals supports the efforts of CMS and other organizations to share information on hospital performance with the public. The public should be informed that this data represents only a portion of the quality information for FY05 for our hospitals.

The ratings for Northeast Hospitals for the Joint Commission and CMS quality indicators show that we are on the leading edge for quality – exceeding both state and national compliance rates. We have also been selected as one of the nation's 100 Top Hospitals by the Solucient Institute for the fourth time in six years. Our recent hospital wide survey by the nation's leading health care accrediting agency - Joint Commission on Accreditation of Healthcare Organizations - yielded a Gold Seal of Approval.

Our commitment to continuously evaluate and improve the quality and safety of our care includes our enrollment in all of the national initiatives of the Institute for Healthcare Improvement Saving 100,000 Lives Campaign. The mission of Northeast Hospitals is to reach for excellence in our service to our community, patients, families, physicians and employees every day.

Sturdy Memorial Hospital

Mortality per se is not a good indicator of quality of care. The general assumption is that a high mortality rate indicates possible poor quality care. Rather than being an indicator of poor quality care, it COULD just as well be an indicator of appropriate, good quality care. For example, our high mortality for acute MI reflects the fact that the selection of patients who are admitted to Sturdy Memorial Hospital is directed by a very effective and appropriate triage of patients who present to our emergency room. Our triage allows rapid and appropriate transfer of patients to tertiary care centers for interventional cardiac care. These patients are not reflected in the denominator of patients with acute myocardial infarctions. Those patients who are admitted to Sturdy with acute MI are those who are not candidates for interventional cardiac care. They often have Do Not Resuscitate, Do Not Intubate, and/or Comfort Measures Only orders. Therefore, these patients are more often not likely to survive the episode. This is a limitation of the statistics, not quality of care.

Winchester Hospital

Winchester Hospital approaches its efforts to improve patient safety, clinical quality and patient satisfaction extremely seriously. Each year our organization makes a hospital-wide commitment to improving safety and satisfaction an integral part of our annual goal setting process. Our ratings within the recent measures published by the Centers for Medicare and Medicaid (CMS) place us among the highest rated hospitals in the country.

Although we support the public posting of quality measures like those included in this and the CMS websites, we encourage consumers to consider other sources of information. The data provided is based on diagnosis, procedure coding and other information that is subject to variability in reporting and interpretation. The information presented was not originally developed for quality or financial comparisons among providers. It also only provides a one-year "snapshot" of performance, which in any given year could make a hospital or physician look better or worse than their historical five-year performance. Finally, the data provided is for specific procedures and does not necessarily provide an accurate measure of a

hospital's overall performance, its performance in other clinical areas not listed in the report or the performance of any individual physician at the reporting hospital.

For those reasons, Winchester Hospital strongly believes that currently, the best way for consumers to choose the best provider for their specific clinical situation is to engage in a detailed and open conversation with their physician and seek second opinions from other qualified providers if appropriate.

To learn more about Winchester Hospital and our services, please visit www.winchesterhospital.org.